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APPLICATION NO. FILING DATE			<u> </u>				(Date)		
7,23,10,23,112		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.			
10/613,776 07/02/2003 Varadarajan Srinivasan NLMI.P213 6968 TITLE OF INVENTION: ROLLOVER BITS FOR PACKET DEPARTURE TIME CALCULATOR									
ITY ISSUE	FEE DUE	PUBLICATION FEE I	DUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUF	DATE DUE		
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EXAMINER ART UNIT		CLASS-SUBCLASS	ss				03/12/2007		
CHAN, SAI MING 2609		370-235000							
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON TO PLEASE NOTE: Unless an assignee is identified below, no assignee recordation as set forth in 37 CFR 3.11. Completion of this form is NOTE.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  EPATENT (print or type)					
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  NetLogic Microsystems, Inc.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Mountain View, California  Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual  Corporation or other private group entity  Government									
4a. The following fee(s) are submitted:  State   State   State    Alternative   State   State    Advance   State   State   State   State   State   State    Advance   State   State   State   State   State    Advance   State   S			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 501014.  (creclose an extra convert this form)						
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e (if required) will	not be seemete	A 6	han th	e applicant; a regis	tered a	ITY status. See 37 CF ttorney or agent; or th	FR 1.27(g)(2). e assignee or other party in		
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CE DATA TO BE PRINTED ON THE PATENT (print or type)  is identified below, no assignee data will appear on the patent. If an assignment.  (B) RESIDENCE: (CITY and STATE OR C Mountain View, California  4b. Payment of Fee(s): (Please first reapply an eight of the part of the patent of the pat	Oct. Use Block 1 for any change of address)  Oct. Use Block 1 for any change of address)  Oct. Use Block 1 for any change of address)  Oct. I cartificate of mailing paper, Each additional paper, Each additional paper, and the use to own certificate of mail stop.  I cartificate of the Mail Stop. I cartificate the Mail Stop. I cartificate the Mail Stop. I transmitted to the USPTO (\$71)  OCT. I cartificate of the Mail Stop. I transmitted to the USPTO (\$71)  OCT. I cartificate of the Mail Stop. I transmitted to the USPTO (\$71)  OCT. I cartificate of the Mail Stop. I transmitted to the USPTO (\$71)  OCT. I cartificate of the Mail Stop. I transmitted to the USPTO (\$71)  OCT. 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